

Calendar No. 218

118TH CONGRESS }
1st Session }

SENATE

{ REPORT
118-102

DHS SUICIDE PREVENTION AND
RESILIENCY FOR LAW ENFORCEMENT ACT

R E P O R T

OF THE

COMMITTEE ON HOMELAND SECURITY AND
GOVERNMENTAL AFFAIRS
UNITED STATES SENATE

TO ACCOMPANY

S. 1137

TO ESTABLISH THE LAW ENFORCEMENT MENTAL
HEALTH AND WELLNESS PROGRAM, AND FOR
OTHER PURPOSES



OCTOBER 3, 2023.—Ordered to be printed

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**DHS SUICIDE PREVENTION AND RESILIENCY FOR LAW
ENFORCEMENT ACT**

OCTOBER 3, 2023.—Ordered to be printed

Mr. PETERS, from the Committee on Homeland Security and
Governmental Affairs, submitted the following

R E P O R T

[To accompany S. 1137]

[Including cost estimate of the Congressional Budget Office]

The Committee on Homeland Security and Governmental Affairs, to which was referred the bill (S. 1137), to establish the Law Enforcement Mental Health and Wellness Program, and for other purposes, having considered the same, reports favorably thereon with an amendment, in the nature of a substitute, and recommends that the bill, as amended, do pass.

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I. PURPOSE AND SUMMARY

S. 1137, the *DHS Suicide Prevention and Resiliency for Law Enforcement Act*, establishes the Law Enforcement Mental Health and Wellness Program (Program) within the Department of Homeland Security (DHS) to provide oversight, guidance, and resources to DHS components that carry out law enforcement missions. The bill would require the Program to evaluate existing mental health and resiliency programs to assess effectiveness and assist mental health and wellness program officials with implementation of new

policies, procedures, and programs, as necessary, based on the evaluation's findings. The bill also requires DHS components to prioritize mental health and wellness programming that provides law enforcement-specific resources and training to address mental health, well-being, resilience, and suicide prevention programs and training. Further, the bill requires DHS to revise policies and procedures that may create barriers for law enforcement who seek mental health assistance and to provide trainings and messaging that will increase awareness of signs of mental health stress and available resources.

II. BACKGROUND AND NEED FOR THE LEGISLATION

DHS, with approximately 80,000 law enforcement agents and officers, is the country's largest federal law enforcement agency that covers a vast and complex mission set.¹ Across the Department, law enforcement personnel are responsible for safeguarding our nation from terrorist threats and transnational crime; enforcing criminal and civil customs, trade, and immigration laws; safeguarding the nation's financial infrastructure; and securing international trade and travel, among other duties. According to recent studies, for law enforcement officials, dying by suicide is more common than dying while carrying out their law enforcement duties.² In 2022, 159 U.S. law enforcement officers or agents died by suicide, an 11% increase from 2021, when 143 officers died by suicide.³ In 2022, U.S. Customs and Border Protection, just one component of DHS, lost 15 law enforcement personnel to suicide.⁴

DHS, through its components, currently provides some resources to address employee well-being and mental health. For example, Employee Assistance Programs (EAPs) are available to all DHS employees and offer a variety of resources, including certain counseling services. However, these resources are not necessarily tailored to address law enforcement specific challenges.⁵ Additionally, there is no central repository for sharing best practices or measuring effectiveness. A 2019 report on DHS's programs that address psychological health and resilience found that there was no central repository of information on the nature or elements of component programs or their effectiveness.⁶ As of July 2022, DHS had not fully implemented a system to track deaths by suicide that occur among employees, to include deaths by suicide of law enforcement.⁷

One specific barrier to law enforcement seeking mental health services is the stigma that an individual will automatically be as-

¹ Department of Homeland Security official website, *DHS Law Enforcement* ([www.dhs.gov/dhs-law-enforcement#:~:text=The %20Department%20of %20Homeland %20Security,nine %20different%20agencies %20and%20offices](http://www.dhs.gov/dhs-law-enforcement#:~:text=The%20Department%20of%20Homeland%20Security,nine%20different%20agencies%20and%20offices)) (accessed May 23, 2023).

² Hanna Shaul Bar Nissim, et al., *Mental Health and Suicide of First Responders*, The Ruderman Family White Paper Update (May 2022).

³ Blue H.E.L.P., *The Numbers* (<https://bluehelp.org/the-numbers/>) (accessed May 23, 2023).

⁴ Department of Homeland Security, U.S. Customs and Border Protection, *Budget Overview* (Mar. 13, 2023) ([https://www.dhs.gov/sites/default/files/2023-03/U.S. %20CUSTOMS%20AND %20BORDER %20PROTECTION Remediated.pdf](https://www.dhs.gov/sites/default/files/2023-03/U.S.%20CUSTOMS%20AND%20BORDER%20PROTECTION_Remediated.pdf))

⁵ Department of Homeland Security, *Employee Assistance Programs* (<https://www.dhs.gov/employee-resources/employee-assistance-programs>) (accessed May 23, 2023).

⁶ Carrie Farmer, Katie Whipke, Margaret Chamberlin, *Programs Addressing Psychological Health and Resiliency in the U.S. Department of Homeland Security*, Rand Corporation (2019).

⁷ Department of Homeland Security, Management and Office of Human Capital Officer, *Response to the Homeland Security and Governmental Affairs Committee's Questions Concerning Employee Resiliency Programs* (July 2022) (copy on file with Committee).

essed for their fitness for duty.⁸ Law enforcement personnel may also be concerned about being perceived as weak or untrustworthy or that it may lead to losing out on professional opportunities.⁹ Due to these specific barriers that law enforcement personnel face, the mental health and wellness resources available to them should reflect those needs.

As part of the Department of Justice’s Office of Justice Programs National Officer Safety Initiatives Program, the National Consortium on Preventing Law Enforcement Suicide issued a report in 2020 related to access, quality, and acceptance of resources available specifically to support suicide prevention efforts. The final report identified data and research, organization and systems change, peer support, family support, and messaging as key areas for law enforcement agencies to implement approaches to supporting mental health and wellness and preventing law enforcement suicide.¹⁰ This bill reflects the recommendations provided by the Consortium to improve DHS’s mental health and wellness efforts with respect to law enforcement and their specific challenges.

The *DHS Suicide Prevention and Resiliency for Law Enforcement Act* aims to address the unique challenges that DHS law enforcement personnel face by enhancing and increasing access to and awareness of mental health, well-being, and suicide prevention programming and resources. This bill would help ensure that DHS is tailoring programs to meet the needs of personnel by requiring that the Department and components conduct review and analysis of programming and training. The bill would also formalize coordination and sharing of best practices between DHS and its components to support consistency and the development of more effective programs for personnel. Specifically, the bill would require DHS to review and revise policies that have the potential to inadvertently deter personnel from seeking help, ensure that programming addresses stigmas related to seeking assistance, and provide resilience and suicide prevention training at an increased frequency throughout an individual’s time of service. To improve awareness and information surrounding law enforcement suicide, the bill would also require DHS to report on law enforcement suicide, attempted suicide (to the extent possible), and incident-related information to the Federal Bureau of Investigation, Law Enforcement Suicide Data Collection database. Together, the provisions aim to support DHS law enforcement personnel by improving the mental health and wellness programming development, delivery, and access.

III. LEGISLATIVE HISTORY

Senator Gary Peters (D–MI) introduced S. 1137, the *DHS Suicide Prevention and Resiliency for Law Enforcement Act*, on March 30, 2023, with original cosponsor Senator Josh Hawley (R–MO).

⁸ Katelyn Jetelina, Rebecca Molsberry, and Jerrifer Gonzalez, *Prevalence of Mental Illness and Mental Health Care Use Among Police Officers*, Jama Network Open (Oct. 7, 2020).

⁹ Department of Justice, Community Oriented Policing Services, *Law Enforcement Mental Health and Wellness Act Report to Congress* (Mar. 2019) (<https://portal.cops.usdoj.gov/resourcecenter?item=cops-p370>).

¹⁰ International Association of Chiefs of Police, National Officer Safety Initiatives, *National Consortium on Preventing Law Enforcement Suicide, Final Report* (Oct. 2020) (https://www.theiacp.org/sites/default/files/2020-10/244736_IACP_NOSI_FinalReport_FINAL.pdf).

The bill was referred to the Committee on Homeland Security and Governmental Affairs.

The Committee considered S. 1137 at a business meeting on May 17, 2023. At the business meeting, Senator Peters offered a substitute amendment to the bill, as well as a modification to the substitute amendment, to incorporate technical drafting assistance from DHS that provided a rule of construction and addressed adverse action and referrals for employment-related examinations or inquiries. The modified amendment also incorporated clarification to ensure employee participation in programs and evaluations is voluntary. It also ensures that programs can include nongovernmental resources when available and appropriate. The Committee adopted the modification to the substitute amendment and adopted the substitute amendment (as modified) by voice vote, with Senators Peters, Hassan, Sinema, Rosen, Padilla, Ossoff, Blumenthal, Paul, Lankford, Romney, and Scott present. The bill, as amended by the Peters amendment as modified, was ordered reported favorably by roll call vote of 10 yeas to 1 nay, with Senators Peters, Hassan, Sinema, Rosen, Padilla, Ossoff, Blumenthal, Lankford, Romney, and Scott voting in the affirmative, and Senator Paul voting in the negative. Senators Carper, Johnson, Hawley, and Marshall voted yea by proxy, for the record only.

IV. SECTION-BY-SECTION ANALYSIS OF THE BILL, AS REPORTED

Section 1. Short title

This section establishes the short title of the bill as the “DHS Suicide Prevention and Resiliency for Law Enforcement Act.”

Section 2. Department of Homeland Security Suicide Prevention and Resiliency for Law Enforcement

This section amends Title VII of the Homeland Security Act of 2002 (6 U.S.C. 341 et seq.) by inserting a new section 710A titled “Suicide Prevention and Resiliency for Law Enforcement.”

Section 710A, subsection (a) defines the terms “Department of Homeland Security component” and “Program.”

Section 710A, subsection (b) requires the establishment of the Law Enforcement Mental Health and Wellness Program (Program), to provide a comprehensive approach in addressing the mental health and wellness of DHS law enforcement officers and agents. This subsection specifies the staffing and administration requirements of the Program, including the development of policies and standard operating procedures, tracking trends and leading practices for law enforcement mental health and wellness, evaluating current mental health and resiliency programs, promoting education and training across components, conducting outreach, and establishing partnerships. The subsection directs the Program to conduct data collection and research on mental health, suicides, and to the extent possible, attempted suicides of law enforcement personnel. The Program must do so in accordance with existing law and Department policies, including the Privacy Act, to ensure the protection of privacy and personally identifiable information. Specifically, the subsection directs the Program to evaluate each existing mental health and resiliency program across the DHS components; promote improvements of the programs; and promote edu-

cation and training related to mental health, resilience, suicide prevention, and stigma, and resources to raise mental health awareness. This subsection prohibits the publication of any personally identifiable information and specifies that use of this information is limited to the purposes specified by this section, unless otherwise permitted by law. It also specifies that no employee may be compelled to provide information for the purpose of Program activities.

Section 710A, subsection (b) also requires the establishment of the Peer-to-Peer Program Advisory Council, comprised of personnel and at least one clinician from each component, to evaluate individual component peer support programs; identify any deficiencies, limitations, or gaps; share best practices; and develop suicide prevention and resiliency support and training. This subsection directs the Council to create a network to enable the sharing of resources across components. Additionally, this subsection directs the Council to fund annual and refresher training and resources for peer support programming.

Section 710A, subsection (c) requires the Chief Medical Officer to coordinate with each of the components, by assigning at least one official from each component to coordinate with the field points of contact who are responsible for carrying out mental health and wellness programs.

Section 710A, subsection (d) requires each component to prioritize and improve mental health and wellness programs. It also requires components to review and revise policies that inadvertently deter personnel from seeking assistance, and to ensure that programs include safeguards against adverse action or automatic referrals for employment-related examinations or inquiries based solely on an employee self-identifying a need for psychological health counseling or assistance or receiving such assistance.

Section 710A, subsection (e) requires the Health and Wellness Coordinator to develop criteria to evaluate the effectiveness of law enforcement health and wellness programs, conduct annual confidential surveys of component law enforcement personnel to assist in these evaluations, and provide recommendations to components based on the evaluations. This subsection also requires the components to report incidents of suicide involving law enforcement officers and agents to the Health and Wellness Coordinator and requires the Coordinator to report data to the Law Enforcement Officers Suicide Data Collection Program. This subsection prohibits the publication of any personally identifiable information collected during the assessment of these programs and reporting of data, and limits the use of personally identifiable information to the purposes of implementing this section.

Section 710A, subsection (f) requires the Chief Medical Officer to brief the Senate Committee on Homeland Security and Governmental Affairs and the House Committee on Homeland Security regarding the implementation of the Program and the requirements of this section, with a briefing 180 days after enactment and annually thereafter.

Section 710A, subsection (g) specifies that participation in any program, survey, or data collection is voluntary for DHS personnel.

Section 710A, subsection (h) allows the Secretary to provide the services under the Program to any employee of the Department.

Subsection (b) is a clerical amendment to insert the new section 710A, titled “Suicide prevention and resiliency for law enforcement” in the table of contents in section 1(b) of the Homeland Security Act of 2002 (Pub. L. 107–296).

V. EVALUATION OF REGULATORY IMPACT

Pursuant to the requirements of paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the Committee has considered the regulatory impact of this bill and determined that the bill will have no regulatory impact within the meaning of the rules. The Committee agrees with the Congressional Budget Office’s statement that the bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

VI. CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

S. 1137, DHS Suicide Prevention and Resiliency for Law Enforcement Act			
As ordered reported by the Senate Committee on Homeland Security and Governmental Affairs on May 17, 2023			
By Fiscal Year, Millions of Dollars	2023	2023-2028	2023-2033
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	2	not estimated
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2034?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2034?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

S. 1137 would require the Department of Homeland Security (DHS) to create a mental health and wellness program for its law enforcement personnel. The program would help the agency to coordinate and oversee efforts to address mental health issues across DHS’s component units, including providing outreach and training, conducting research, and sharing best practices across existing peer support programs. The bill also would require DHS to brief the Congress annually on the program’s activities.

Based on information from DHS, CBO expects that the department carries out most of the activities required by the bill. CBO expects that DHS would need the equivalent of one or two employees each year to fully implement the bill’s requirements. On that basis, CBO estimates that implementing S. 1137 would cost less than \$500,000 each year and \$2 million over the 2024–2028 period. Any spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Jeremy Crimm. The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

PHILLIP L. SWAGEL,
Director, Congressional Budget Office.

VII. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with paragraph 12 of rule XXVI of the Standing Rules of the Senate, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in brackets, new matter is printed in *italic*, and existing law in which no change is proposed is shown in roman):

HOMELAND SECURITY ACT OF 2002

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Homeland Security Act of 2002”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

* * * * *

TITLE VII—MANAGEMENT

Sec. 701. * * *

Sec. 710A. *Suicide prevention and resiliency for law enforcement.*

* * * * *

TITLE VII—MANAGEMENT

* * * * *

SEC. 710A. *SUICIDE PREVENTION AND RESILIENCY FOR LAW ENFORCEMENT.*

(a) *DEFINITIONS.*—

(1) *DEPARTMENT OF HOMELAND SECURITY COMPONENT.*—*The term “Department of Homeland Security component” means—*

(A) U.S. Customs and Border Protection;

(B) U.S. Immigration and Customs Enforcement;

(C) the Office of the Inspector General of the Department of Homeland Security;

(D) the United States Coast Guard;

(E) the United States Secret Service;

(F) the Transportation Security Administration; and

(G) any other Department of Homeland Security component or office with law enforcement officers or agents.

(2) *PROGRAM.*—*The term “Program” means the Law Enforcement Mental Health and Wellness Program established pursuant to subsection (b).*

(b) *LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS PROGRAM.*—

(1) *ESTABLISHMENT.*—

(A) IN GENERAL.—*The Secretary shall establish, within the office overseen by the Chief Medical Officer, the Law Enforcement Mental Health and Wellness Program.*

(B) *PURPOSE.*—The purpose of the Program shall be to provide a comprehensive approach to address the mental health and wellness of Department of Homeland Security law enforcement agents and officers.

(C) *ADMINISTRATION.*—The Secretary, working through the Program, shall—

(i) establish and maintain policies and standard operating procedures, consistent with best evidence-based practices, that detail the authority, roles, and responsibilities of the Program;

(ii) conduct data collection and research on mental health, suicides, and, to the extent possible, attempted suicides, of law enforcement personnel within the Department of Homeland Security, in accordance with section 552a of title 5, United States Code (commonly known as the Privacy Act of 1974), section 501 of the Rehabilitation Act of 1973 (29 U.S.C. 791), the Department of Homeland Security's directives and policies, section 1128E of the Social Security Act (42 U.S.C. 1320a–7e), and section 2(a) of the Law Enforcement Suicide Data Collection Act (Public Law 116–143);

(iii) track current trends and leading practices from other governmental and nongovernmental organizations for law enforcement mental health and wellness;

(iv) evaluate current mental health and resiliency programs within Department of Homeland Security components;

(v) promote education and training related to mental health, resilience, suicide prevention, stigma, and mental health resources to raise mental health awareness and to support the needs of supervisors, clinicians, care-givers, peer support members, chaplains, and those who have been exposed to trauma;

(vi) establish partnerships with faith-based organizations, community-based organizations, counseling programs, or other social service programs that provide mental health and suicide prevention support services;

(vii) establish the Peer-to-Peer Support Program Advisory Council, which shall—

(I) include at least 1 licensed clinician and at least 1 official with requisite and relevant training and experience in peer support for law enforcement personnel from each Department of Homeland Security component;

(II) evaluate component peer support programs;

(III) identify and address any potential deficiencies, limitations, and gaps;

(IV) provide for sharing of leading practices or best practices, including internationally recognized peer support standards of care protocols;

(V) create a peer support network that enables the sharing of trained peer support personnel, chaplains, and other peer-to-peer personnel across Department of Homeland Security components, and may also include outside agency organiza-

tions, such as faith-based organizations, community-based organizations, counseling programs, and other social service programs; and

(VI) sustain peer support programs through ongoing funding of annual and refresher training and resources for peer support programming in the workplace—

(aa) to ensure minimum standards for peer support services; and

(bb) to provide appropriate care for peer support personnel across Department of Homeland Security components;

(viii) assist Department of Homeland Security components in developing a program to provide suicide prevention and resiliency support and training for—

(I) families of law enforcement agents and officers; and

(II) surviving families of officers and agents who have died by suicide;

(ix) work with law enforcement mental health and wellness program officials of Department of Homeland Security components (which shall include peer support-trained personnel, agency mental health professionals, chaplains, and, for components with employees having an exclusive representative, the exclusive representative with respect to such program) to implement new policies, procedures, and programs that may be necessary based on findings from data collection, research, and evaluation efforts; and

(x) conduct regular outreach and messaging, across Department of Homeland Security components, of available training opportunities and resources.

(D) CONFIDENTIALITY; LIMITATION.—

(i) CONFIDENTIALITY.—Actions described in subparagraph (C) may not—

(I) include the publication of any personally identifiable information; or

(II) compel any employee to provide any information for the purposes of this subsection.

(ii) LIMITATION.—Personally identifiable information collected pursuant to subparagraph (C) may not be used for any purpose other than the implementation of this section unless otherwise permitted under applicable law. Any personally identifiable information that is collected, maintained, or used pursuant to this section is subject to applicable public nondisclosure requirements, including sections 552 and 552a of title 5, United States Code.

(E) PERSONNEL.—

(i) MANAGEMENT.—The Workplace Health and Wellness Coordinator of the Department, under the direction of the Chief Medical Officer of the Department, shall be responsible for the ongoing management of the Program.

(ii) *MINIMUM CORE PERSONNEL REQUIREMENTS.*—Subject to appropriations, the Secretary shall ensure that the Program is staffed with the number of employees that the Chief Medical Officer determines to be necessary to carry out the duties described in subparagraph (C), including representatives from each Department of Homeland Security component and the Office of the Chief Privacy Officer.

(2) *DIRECTIVE.*—Not later than 180 days after the date of the enactment of the DHS Suicide Prevention and Resiliency for Law Enforcement Act, the Chief Medical Officer of the Department shall—

(A) issue a directive or policy that outlines the roles and responsibilities of the Program; and

(B) distribute such directive or policy among all Department personnel.

(c) *COORDINATION.*—The Chief Medical Officer of the Department shall require the Program to regularly coordinate with the Department of Homeland Security components by assigning at least 1 official from each such component to the Program for the purpose of coordinating with field points of contact who are responsible for carrying out duties within Department mental health and wellness programs.

(d) *DEPARTMENT OF HOMELAND SECURITY COMPONENTS.*—The Secretary shall require the head of each Department of Homeland Security component to prioritize and improve mental health and wellness programs, which may include other Department of Homeland Security component personnel, that—

(1) provide adequate resources for law enforcement mental health, well-being, resilience, and suicide prevention programs and research;

(2) promote a culture that reduces the stigma of seeking mental health assistance through regular messaging, training, and raising mental health awareness;

(3) offer several avenues of seeking mental health or counseling assistance, both within the Department of Homeland Security component and through private sources, which may include faith-based organizations, community-based organizations, counseling programs, and other social service programs, that provide for anonymity and include access to external mental health clinicians;

(4) review and revise relevant policies of Department of Homeland Security components that inadvertently deter personnel from seeking mental health assistance;

(5) ensure that such programs include safeguards against adverse action by such component with respect to any employee solely because such employee self identifies a need for psychological health counseling or assistance or receives such counseling or assistance;

(6) ensure that such programs include safeguards regarding automatic referrals for employment-related examinations or inquiries that are based solely on an employee who self identifies a need for psychological health counseling or assistance or receives such counseling or assistance, except that such safeguards shall not prevent a component referral to evaluate an

employee's ability to meet established medical or psychological standards by such component or to evaluate an employee's national security eligibility;

(7) implement policies that require in-person or live and interactive virtual suicide awareness and law enforcement resiliency training for law enforcement officers and agents;

(8) make such training available, as appropriate, to other personnel—

(A) upon the commencement of their employment with the Department of Homeland Security;

(B) on an annual basis during such employment;

(C) during such employees' transition into a supervisory role; and

(D) if feasible, shortly before the officer, agent, or other Department of Homeland Security component personnel terminates his or her employment with the Department, if such individual elects to participate; and

(9) include prevention and awareness training opportunities and support services for families of officers, agents, and other Department of Homeland Security component personnel.

(e) DATA COLLECTION AND EVALUATION.—

(1) ASSESSMENT OF EFFECTIVENESS OF LAW ENFORCEMENT HEALTH AND WELLNESS PROGRAMS.—The Workplace Health and Wellness Coordinator, under the direction of the Chief Medical Officer of the Department—

(A) shall develop criteria to assess the effectiveness of law enforcement health and wellness programs carried out by the Department;

(B) shall conduct annual confidential surveys of law enforcement agents and officers within Department of Homeland Security components to assist in evaluating the effectiveness of law enforcement health and wellness programs in accordance with the criteria developed pursuant to subparagraph (A);

(C) shall ensure that the surveys conducted pursuant to subparagraph (B)—

(i) incorporate leading practices in questionnaire and survey design and development; and

(ii) establish a baseline and subsequently measure change over time; and

(D) may utilize contractor support in carrying out the duties described in subparagraphs (A) through (C).

(2) RECOMMENDATIONS.—The Chief Medical Officer of the Department shall provide recommendations to Department of Homeland Security components based on the evaluation of programs and the results of the surveys conducted pursuant to paragraph (1)(B).

(3) INCIDENT REPORTS.—Each Department of Homeland Security component shall report to the Workplace Health and Wellness Coordinator incidents of suicide involving law enforcement officers and agents and any data consistent with data collected under section 2(a) of the Law Enforcement Suicide Data Collection Act (Public Law 116–143). The Workplace Health and Wellness Coordinator shall forward such information to

the Law Enforcement Officers Suicide Data Collection Program established pursuant to such section.

(4) CONFIDENTIALITY; LIMITATION.—

(A) CONFIDENTIALITY.—Activities described in paragraph (1) or reporting described under paragraph (3) may not include the publication of any personally identifiable information.

(B) LIMITATION.—Personally identifiable information collected pursuant to paragraph (1) may not be used for any purpose other than the implementation of this section unless otherwise permitted under applicable law. Any personally identifiable information that is collected, maintained, or used pursuant to this section is subject to applicable public nondisclosure requirements, including sections 552 and 552a of title 5, United States Code.

(f) BRIEFING.—Not later than 180 days after the date of the enactment of the DHS Suicide Prevention and Resiliency for Law Enforcement Act, and annually thereafter through fiscal year 2027, the Chief Medical Officer of the Department shall provide a briefing to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives regarding the implementation of the requirements described in this section.

(g) VOLUNTARY PARTICIPATION; CLARIFICATION.—Participation in any program, survey, or data collection conducted under this section is voluntary.

(h) RULE OF CONSTRUCTION.—Notwithstanding any provision of this section, the Secretary may provide services under the Program to any employee of the Department.

* * * * *